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Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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7590 02/24/2010

Talivaldis Cepuritis
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Tamela S. Zwier (Depositor's name)
Tamela S. Zwier (Signature)
May 19, 2010 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/593,935 | 09/25/2006 | Milisav Lazarevic | OSG-100 | 5442 |

TITLE OF INVENTION: POWERED TOOL FOR TUBE CUTTING AND TREATING THIS INVENTION RELATES TO A POWERED TOOL FOR TUBE CUTTING AND TREATING, AND PARTICULARLY TO A POWERED TUBE TOLL WHICH IS PORTABLE AND HAND MANIPULABLE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 05/24/2010 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---|----------|----------------|
| ALIE, GHASSEM | 3724 | 030-102000 |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/17, Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | |
| 2. For printing on the patent front page, list | | |
| <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | |
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| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | |
| <input type="checkbox"/> (A) NAME OF ASSIGNEE | | |
| <input type="checkbox"/> (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | |
| 05/26/2010 MR LANCO1 0000000014 150508 10593935 | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OSG Power Tools, Inc.

Bensenville, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0508 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Talivaldis Cepuritis*Date May 19, 2010

Typed or printed name

*Talivaldis Cepuritis*Registration No. 20,818

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